

Application Information

Applicant Information

Initial 01/13/04

Street of mailing address::
City of mailing address::
State or Province of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: David
Family Name:: Leason
City of Residence:: Chappaqua
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 28 Garey Drive
City of mailing address:: Chappaqua
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10514

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Edward
Middle Name:: J.
Family Name:: Ellis
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 1 Columbus Place
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10019

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Frank
Family Name:: Leparik
City of Residence:: Greenlawn
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 4 Auburn Drive
City of mailing address:: Greenlawn
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 11740

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/440,058	01/14/03